## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 25, 2002 8:00 am Secretary of State DOCUMENT # V69385 1. Entity Name DAIGLE'S MARINE SALES & SERVICE. INC. 03-25-2002 90016 017 \*\*\*150.00 Mailing Address Principal Place of Business 1404 N.W. SPRUCE RIDGE DRIVE 1404 N.W. SPRUCE RIDGE DRIVE STUART FL 34994-522 STUART FL 34994-522 2. Principal Place of Business 3. Mailing Address 3305.W.34 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0365300 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DAIGLE, DAN Street Address (P.O. Box Number is Not Acceptable) 1404 N.W. SPRUCE RIDGE DRIVE STUART FL 34994 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE TITLE ☐ Delete NAME NAME DAIGLE, DAN STREET ADDRESS 1404 N.W. SPRUCE RIDGE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DAIGLE, LAURA A. STREET ADDRESS STREET ADDRESS 1404 N.W. SPRUCE RIDGE DR. CITY-ST-ZIP CITY-ST-ZIP Stuart fl □ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

Daytime Phone #